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CONFIRMATION NO. 2448

SERIAL NUMBER 09/533,798	FILING DATE 03/24/2000 RULE	CLASS 424	GROUP ART UNIT 1648	ATTORNEY DOCKET NO. 078883/0120
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APPLICANTS
 Miles William Carroll, Oxon, UNITED KINGDOM;
 Kevin Alan Myers, Oxon, UNITED KINGDOM;

**** CONTINUING DATA *******
 This appln claims benefit of 60/126,187 03/25/1999
 and claims benefit of 60/126,188 03/25/1999

**** FOREIGN APPLICATIONS *******
 UNITED KINGDOM 9825303.2 11/18/1998
 UNITED KINGDOM 9901739.4 01/27/1999
 UNITED KINGDOM 9917995.4 07/30/1999

IF REQUIRED, FOREIGN FILING LICENSE GRANTED SMALL ENTITY ****
 ** 06/14/2000

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY UNITED KINGDOM	SHEETS DRAWING 14	TOTAL CLAIMS 36	INDEPENDENT CLAIMS 11
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

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TITLE
 Polypeptide

FILING FEE RECEIVED 905	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
		<input type="checkbox"/> 1.18 Fees (Issue)
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit



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Washington, D.C. 20231

SERIAL NUMBER 09/533,798	FILING DATE 03/24/2000 RULE -	CLASS 424	GROUP ART UNIT 1643	ATTORNEY DOCKET NO. 078883/0120
APPLICANTS Miles William Carroll, Oxon, UNITED KINGDOM; Kevin Alan Myers, Oxon, UNITED KINGDOM;				
** CONTINUING DATA ***** THIS APPLN CLAIMS BENEFIT OF 60/126,187 03/25/1999 THIS APPLN CLAIMS BENEFIT OF 60/126,187 03/25/1999 WHICH CLAIMS BENEFIT OF 60/126,188 03/25/1999 AND CLAIMS BENEFIT OF 60/126,188 03/25/1999				
** FOREIGN APPLICATIONS ***** UNITED KINGDOM 9825303.2 11/18/1998 UNITED KINGDOM 9901739.4 01/27/1999 UNITED KINGDOM 9917995.4 07/30/1999				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 06/14/2000				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		STATE OR COUNTRY UNITED KINGDOM	SHEETS DRAWING 14	TOTAL CLAIMS 36
				INDEPENDENT CLAIMS 11
ADDRESS Bernhard D Saxe Foley & Lardner Washington Harbour 3000 K Street N W Suite 500 Washington ,DC 20007-5109				
TITLE Polypeptide				
FILING FEE RECEIVED 905	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	